

**Home and Community Based Services – Waiver Settings Transition Project  
Advisory Taskforce Meeting  
LOCATION: Council on Developmental Disabilities,  
2 ½ Beacon St., Suite 10 Concord  
October 14, 2015 – 10am to 12 noon  
Minutes**

- Introductions: Jen Bertrand, Ryan Donnelly, Cynthia Gaudreault, David Ouellette, John Richards, Rosemary Simineau, Andrienne Mallison, Heather Hannafin, Kaarla Weston, Linda Bimbo, Mary St Jacques, John Fenley, Cheryl Steinberg.
- Validation Site Visits  
Provider Site Visits.
  - Validation team has worked hard to complete the required validation visits. Deadline for completing visits and entering data was Friday 10/9/15 at midnight. Total of 472 site visits were completed.

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WAIVER	TYPE OF SETTING	TOTAL # OF SITES	# OF SITES VISITED
ABD/DD	NON-RES	913	164*
	RES	1,069	254*
CFI	NON-RES	13	13
○	RES	76	42
<b>TOTAL</b>		2,071	472

\* not mutually exclusive

- More detail is currently being gathered on the sites and this will be shared at future meetings. DHHS is pleased with the number of sites visited. However, some providers refused to participate in this process. Some organizations felt that it wasn't appropriate for them to participate. Education was helpful for this. If someone refused, we made a note of it and moved on to an alternate site. Refusals were sporadic with no pattern. Bureau will be following up with sites that have refused, with the potential of conducting visits to ensure safety of the people at that site.
- There was some clarification needed regarding addresses and contact information. A meeting was held with DHHS Licensing and Certification staff and additional information was provided. The Bureau is aware of the situation, and they are following up on those sites. Some of the issues are because of changes that occurred since the master list that we are working with was established.

- Feedback from validation team members has been useful – feeling that it has been a positive experience. The validation team will have a debriefing luncheon where stories will be shared. A request was made to put some of these stories into a report to share with the group.

#### Participant Site Visit Surveys

- 399 participant surveys were completed during the validation process. Totals will be part of the final report. We are listening to people and most were happy to share their experiences. Understanding the complaint process is a systemic issue; some participants understood while others need additional information and support. Feedback from team members has been very positive – we have changed people’s lives – in some cases, we’ve seen immediate change. In one case, the provider was able to learn of a way the individual communicated their approval, and in another situation the team member was able to provide a resource for a provider to help the individual. Participant refusals rarely happened. Some individuals would get through part of the survey and then say they were done, which was respected. This was reflected in the data we collected.
- Additional Input
  - AAIDD Forum (American Association on Intellectual and Developmental Disabilities). Linda and Mary attended this meeting - all of Region 10 (NH is part of region 10). This meeting was to review the HCBS Settings Rule by HSRI and included a review of Transition plans submitted by each of the states. Highlights from each state were reviewed. NH was acknowledged for the fact that we got a lot of feedback during the public comment period, and that we listened and responded to that feedback. Particularly noted was our expansion of the representation of the Advisory Taskforce. We were also acknowledged for our Taskforce – that we meet regularly, that we share and listen to ideas, and that we respond to the input from the members of this Taskforce. We were also recognized for the fact that the Taskforce is an active group, that we post minutes, and the comments are being implemented into our process.
  - ACL Webinar (Administration for Community Living) is a partner with CMS around the settings rule. They have been conducting regular webinars to discuss best practices, etc. NH is in about the same place as other states with regard to where we are in the process (currently working on developing the plan). Their expectation is that states are aware of 100% of the sites and where they are in the compliance process. The survey process is a vehicle to help develop the final

plan. We will look at all the difference processes (certification, licensing, etc.) that will ensure that all sites are in compliance (or working toward compliance), when they sign the contracts. Within a 2-year time, 100% of the sites go through a licensing/certification process, so all of the sites will be seen. Second issue, during the webinar they mentioned a number of best practices, e.g., crosswalk between mandatory provider self-assessment, validation visit, and participant survey. We didn't approach this in the initial plan, but we can address this in our plan. We are not required to measure compliance with the HCBS Rules for people who live in their own home or in a family home through the In-Home Supports Waiver (many CFI waiver participants fall under this as well); however, the state is responsible to make sure these individuals are not isolated. Individuals who are living in a setting that is not in compliance, would they have a right to a hearing if losing their supports were at risk – yes. Even if they won, however, Medicaid will not pay for a setting that is not in compliance.

- Steps to compliance for HCBS Settings Requirements in a 1915(c) Waiver Statewide Transition Plan (STP). Our responsibility is to report to CMS with a statewide plan. Each state has to report three different categories: Yes, Not Yet, and No. Based on the data, the “Yes” category may be none or a very small number. Majority of our sites will be in the “Not Yet” category. There is a lot of opportunity to improve and make changes. We will identify how as many sites can come into compliance. We will have to report on the entire list of No’s”. We don’t know of any who cannot, but we know of some sites that will not. These sites do not (or will not) accept Medicaid (mostly CFI). We could include this information as a trend analysis in the STP. We need to identify sites who are receiving CFI funding and are considered institutional settings, for the “No” list. We are working on this now.
- Review of CMS letter. A copy of the letter was shared and reviewed.
  - CMS is responding to every state based on their first submission. They agreed that there is enough time to come into compliance.
  - Covered settings (residential/non-residential) will be detailed in our STP. They asked that we talk about the assessment process in great detail, including the regulatory process and specific aspect of each regulation (compliant, non-compliant, and silent). DHHS attorneys are continuing to meet to do the regulation review and report their findings, with a specific timeline.
  - CMS asked questions about transition framework team, as well as wanting more information about our Advisory Taskforce Team. CMS wants to make sure we have information about the content of the group, and that it’s free of conflict of interest. We feel very confident about this.

- CMS has requested that we need to come up with a plan to address sites that refused to complete the self-assessment.
  - CMS and ACL will not tell states how to complete tasks, but will provide guidance on this. We will need to describe our oversight and monitoring process in the STP.
  - CMS has asked for information and training to be provided to sites to assist sites to come into compliance. We believe this will be a strength of our STP.
  - Remedial actions will be a work plan including anything we need to do to come into compliance.
  - We did not reference relocation of beneficiaries in our Transition Framework and will need to develop a process.
  - We need to look at people who fall into the “No’s,” the state of NH will need to decide how to handle this, through policies that will be reflected in the STP. We don’t know yet how this will be played out.
  - Heightened Scrutiny – this may be considered for settings that are presumed to be institutional. (Site is located in the same building where, on the grounds of or immediately adjacent to in-patient care or treatment is provided). We also have the address the effect of isolating. The state must be the entity that requests heightened scrutiny.
- November 11 meeting rescheduled to November 10, 10am – 12noon at DD Council offices due to Holiday